



Vivala Con Volunteer Registration Form/Waiver 2017

Volunteer Information

Name (Last, First): _____

Date of Birth: _____

Address: _____

Email: _____

Phone number: _____

Emergency Contact Information

Name (Last, First): _____

Address: _____

Phone number: _____

Backup number: _____

Relation: _____

Volunteer Profile – Please list any relevant skills or certifications you hold, as well as any preference for department if you have one. Please also use this space to inform us of any allergies or other accommodations/conditions you feel may be necessary for us to know.

VOLUNTEERS WITHOUT A SIGNED AND COMPLETED WAIVER (ATTACHED) WILL NOT BE CONSIDERED

Privacy Statement

All information on this form is collected solely for administrative purposes and will not be made publicly available. We also will not disclose its contents to any third party unless required to do so in the best interests of the convention staff, attendees, or the public at large. Information collected through this form may be used by the convention to determine volunteer assignments and to determine anonymous demographics of volunteers for future reference.

Note regarding OSSD volunteering requirements

Please note that volunteer hours banked at the convention may or may not be acceptable by a participant's school depending on the administration there. They may need a time requirement, a type of activity, or other specifics – we are happy to reaffirm with your school that you did the time, but it's your responsibility to make sure that they will accept it in the first place.

Waiver – Please fill out, sign, and turn in at the event.

If participant is a legal adult:

I, _____ (full legal name), hereby certify that I am 18 years of age or older and that I will not hold Vivala Con responsible for any injuries or damages to myself or property while attending the event. I also understand that I am responsible for my own actions and that my behaviour and conduct will reflect that, and that failure to keep this in mind will result in reprimand up to and including loss of volunteer perks, removal of convention membership, or legal action if necessary.

Signature: _____ Date: _____

If participant is NOT a legal adult:

I, _____ (full legal name), hereby certify that I am the parent or legal guardian of _____ (participant name) and that I will not hold Vivala Con responsible for any injuries or damages to them or their property while attending the event. I also understand that I am responsible for their actions and that their behaviour and conduct will reflect that, and that failure to keep this in mind will result in reprimand up to and including loss of volunteer perks, removal of convention membership, or legal action if necessary.

Signature: _____ Date: _____

Relation to Participant: _____